

Positioning sexuality education research on the Gold Coast of Queensland

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Abstract

In the face of controversy, it is often assumed that primary school sexuality education research is poorly positioned for practice and research. However, in the course of reviewing policy, literature and performing a series of focus groups, evidence was found that this is not always the case. Health and education policy, along with strong anti-discrimination legislation, secure the school's responsibility to provide inclusive, supportive and empowering sexuality education. The parents and teachers interviewed on the Gold Coast were supportive of sexuality education but did not feel confident that they had the skills, knowledge and support of the community to take it on themselves. This paper highlights evidence of where primary school sexuality education is presently positioned, some suggestions of how it can be improved and discusses some of the methodology that was noted for its effectiveness in tackling this complicated and controversial, but fascinating, topic.

Introduction

Sexuality education is often seen to be a complicated and controversial topic. This has significant implications for its positioning in research and teaching practices. This paper highlights some of the opportunities and challenges in this area by reviewing policies, theories and practice. In addition, it discusses some methodologies utilised in recent times that have been successful in progressing the theory and practice of sexuality education research.

In Queensland, sexuality education is included in the Health and Physical Education (HPE) Syllabus (Queensland School Curriculum Council, 1999). However, school administrators choose how and when to implement it and are not required to report on what programs are used or to formally evaluate them. There is no state or national body that provides leadership or guidance, unlike countries such as the US and Canada (among others) that have Sexuality Information and Education Councils (SIECUS and SIECCAN). SIECUS defines sexuality education as (National Guidelines Task Force, 1996):

...a lifelong process of acquiring information and forming attitudes, beliefs, and values about identity, relationships and intimacy. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image, and gender roles. Sexuality education addresses the biological, socio-cultural, psychological and spiritual dimensions of sexuality from the cognitive domain (information); the affective domain (feelings, values, and attitudes); and the behavioural domain (communication, decision-making, and other relevant personal skills).

Concepts such as identity, relationships and intimacy are difficult to define and measure and thus difficult to research. Childhood sexual development, affection and intimacy are sensitive topics and thus difficult to discuss and teach. It is also apparent that some teachers are uncomfortable working outside of the more traditional, cognitive domain. These concepts are also quite fascinating though, so there has been rapid progress in recent times. The goal of this paper is to map the current position of primary school sexuality education, particularly on the Gold Coast, Queensland, consider possible destinations and discuss contemporary and innovative methodologies that are driving the journey.

Summary of present study

This research project consisted of four components:

1. A review of concepts and theories relating to sexuality, sexual health and sexuality education;
2. A review of current policies and curriculum that influence the delivery of sexuality education;
3. A literature review investigating means used to address curriculum content and published reports on the perspectives of teachers, parents and young people;
4. Focussed group discussions, eliciting views of key stakeholders in sexuality education, namely primary school coordinators and teachers (6), parents of upper-primary school aged children (2) and sexual health educators from community organizations (4).

Strengths and limitations

The research methodology utilised in this project included a number of means to enhance the validity and reliability of the results. Perspectives of many stakeholders are represented either through empirical data or literature review: policy makers, academics, school administrators, teachers and programs coordinators, sexual health educators, parents and children. A second person, independent of the research project, recoded a section of the indexed focus group data into themes to ensure they were clear and relevant and thus reliable. Focus group participants were given the opportunity to indicate if they would like to review the results prior to final reporting. Accordingly, five were sent the draft report however no comments were returned, indicating their acceptance of the researcher's interpretation. These are processes suggested by Baum (2002), Mays and Pope (2000), and Kruegar and Casey (2000) in response to discussion and debate of the merit of qualitative research methods.

Although data was retrieved from a range of sources, an insufficient number of stakeholders participated in this study to allow confident transferability of the findings to other contexts. The greatest challenge was time. Unfortunately, relationships with schools and Parents and Citizens Associations could not be formed and there were insufficient opportunities to encourage potential participants.

Review of evidence and criticisms of sexuality education in literature

Traditionally, sexuality education in primary school was a means of providing a sense of the biology of sexual development and reproduction, as well as preventing "perversities" such as masturbation (Schaalma et al., 2004). More contemporary programs may include aspects of self-empowerment, socio-structural awareness, citizenship and democratic values, as well as sexual and human rights (Schaalma et al., 2004).

Sexuality-specific theoretical frameworks involve applying decision-making, planning, motivation and goal-prioritising processes to the development of new behavioural routines (Schaalma et al., 2004, Fisher, 1997). Research indicates a set of common cognitive determinants of decision-making across a variety of health behaviours (Schaalma et al., 2004). These include: favourable attitudes to healthy behaviour, perceptions that healthy behaviour is a socially accepted norm, an intention to adopt healthy behaviour, motivation to avoid the negative consequence of a behaviour and perceived control over the behaviour. Another factor has been termed "erotophobia-erotophilia"- the degree that someone finds sexuality and sexual behaviours negative or positive. Erotophobia tends to prevent people from being able to talk about, learn about, acquire or use sexual health skills or behaviours (Fisher and Fisher, 1998). Sexuality education programs then, should be designed to encourage these cognitive processes, taking into account developmental maturity of the target group.

Along with the thought processes involved with choosing healthy behaviours, communication, decision-making and other relevant social skills are needed. Some methods that promote these skills are discussion groups, planning exercises, scenario rehearsal, and role play activities (Schaalma et al., 2004). These techniques, which allow for practicing verbal responses and observing peer actions and reactions, provide an opportunity to develop self-efficacy and actively learn these vital health-enhancing skills (Fisher and Fisher, 1998, Schaalma et al., 2004).

Whereas these theories and methods have been shown to be effective in changing behaviours or improving skills, it is important to point out the criticisms of the context in which sexuality education takes place. There is certainly potential for these programs to be effective and liberating, but it is argued that this is only possible if systems of power are exposed and gender-based expectations are challenged (Diorio, 1994).

Authors have recognised the ability for these programs to have harmful outcomes, especially for girls. The types of programs they observed lead students to understand their bodies as inadequate, a source of discomfort, and a hygiene problem (Diorio and Munro, 2000). Puberty education was also criticised for its role in promoting and reinforcing a double standard for boys and girls. Both of their bodily changes are often perceived as embarrassing. However hormones causing sexual arousal, erections and ejaculations seem much more fun and exciting than those that cause the inconvenience, pain, stress and hygiene issues associated with periods. Whereas boys get to experience pleasure as a more immediate result of puberty, for girls the “ability to one day be a mother” is distant and not unanimously perceived as something one would look forward to (Diorio and Munro, 2000). In general, sexuality education tends to emphasise the dangers rather than the pleasures of human relationships and sexuality (Harrison and Hillier, 1999). More specifically, positive, empowered female sexuality and sexual desire has been seen to be absent from most programs.

Further criticism addresses the heterosexist and conformist nature of sexuality education (Diorio and Munro, 2000, Diorio, 2001). The way it is presented is often in complete ignorance of non-dominant meanings or lifestyles that exist within communities (Diorio and Munro, 2003). As opposed to encouraging individual expression and diversity, tolerance or pity for those who differ from the socially defined “normal” is promoted instead. Topics that have been perceived as controversial, such as homosexuality, masturbation and abortion, are sometimes restricted by school policies (McCann and Petrich-Kelly, 1999). Even without such policies though, it is recognised that teachers censor their teaching, limiting it to dangers and risks, to protect themselves against charges of promoting sexual activity or “deviant” behaviours (Diorio and Munro, 2000).

Another concern regarding sexuality education is that it is most commonly discussed in reference to high school students. Although a number of authors (e.g. (Grunseit, 1997, Kirby et al., 1994, Smith et al., 2003) recommend sexuality education commencing in childhood, the vast majority of research and evaluation has targeted adolescents. Discussion and evaluation of primary school programs are scarce and long overdue.

Some people appear to perceive that sexuality education in primary school is still too contentious of an issue to broach within their communities (Atkinson, 1998). Nonetheless, it begs the question: how does current research apply to sexuality education programs for primary school? How do programs need to be adapted to ensure they are developmentally appropriate? Traditional research methods will be unable to answer these questions without some degree of community consensus of what appropriate childhood sexuality is.

Summary of policy and practice on the Gold Coast

Queensland Health and Education Queensland believe that developing frameworks based on social justice principles of access, equity, participation and the rights of children and young people maximises health and educational opportunities (Queensland School Curriculum Council, 1999,

Queensland Health, 2002). In the absence of Australian guidelines that detail values specifically inherent to effective, comprehensive sexuality education, the findings of this research project are summarised with reference to the assumptions presented in the *SIECUS Guidelines* (National Guidelines Task Force, 1996) as well as these social justice principles.

Sexuality education should be offered as part of an overall comprehensive health education program

Queensland Health's *Framework* (2002) and *Position Statement* (2004), along with Education Queensland's *HPE Syllabus* (Queensland School Curriculum Council, 1999) support this statement. However, much of the research identified indicated that sexuality education is often not integrated with health or other learning areas. The experience of the sexual health educators on the Gold Coast concurs. They felt that, when schools contracted their services, sexuality education began and ended with their programs. Only one teacher from the three schools represented gave the impression that there was a positive and productive relationship between classroom teachers and the HPE teacher in terms of achieving health education outcomes. The teachers felt ill prepared to go beyond the basic "scientific" aspects of sexuality.

Sexuality education should only be taught by specially trained teachers

Queensland Health's *Position Statement* (Queensland Health, 2004) affirms its intention to act as a support and resource for schools' health education. Kirk's (1995) research indicated that teachers in Queensland and Victoria feel poorly prepared to teach health education, especially sexuality related topics. Only one teacher participating in the present study had received training as part of her undergraduate degree and had participated in relevant professional development. Another teacher related the experience of his friend who, as a classroom teacher in a regional area, is responsible for teaching this topic. He believed that the guidelines provided by the *Syllabus* were insufficient for developing consistent and structured sexuality education programs, as was access to learning resources and activities.

These findings imply that not all children have access to quality programs. Furthermore, it is likely that access to community support services, professional development and thus sexuality education is restricted by location, challenging principles of equity. If specialist sexual health educators are contracted at the cost of families, this may lead to socio-economic inequities as well.

Community must be involved in the development and implementation of the program

Again, Queensland government directives, as well as the global and national recommendations of a Health Promoting Schools approach, adhere to this assumption. The gap between policy and practice, made apparent by the views of stakeholders in others' research as well as in this study, point to inadequate collaboration, though. "Initiative overload", demonstrated by aggressive or ambivalent responses to government directives was prevalent. None of the participants in this study were completely accurate in their knowledge of the *HPE Syllabus*. In particular, the two parents felt poorly informed about school-based sexuality education programs.

The social justice principle relevant to this assumption is participation. This is meant to include perspectives of all stakeholders. It is a major challenge to this principle that parents and teachers are rarely included in the development of the sexuality education programs at their school. Even more confronting though, is how to include children- the most important stakeholder of all- to ensure that programs actually address their needs.

All children and youth will benefit from comprehensive sexuality education, regardless of gender, ethnicity, community and disability.

All of the state, national and international policies and legislation outline the importance of inclusive, supportive environments for children's and young people's health. Also, the *Anti-discrimination Act* (Office of Queensland Parliamentary Counsel, 2004) very clearly defines behaviours that are considered inappropriate in Queensland. The research examining young people's experience of sexuality education was critical of common practices and outcomes. School and classroom environments appear to maintain and sometimes reward sexist and homophobic attitudes and behaviours. Several participants questioned Gold Coast schools' ability to adapt sexuality education to reflect cultural diversity. Furthermore, the focus group results indicate limited acceptance of a broad view of sexuality and high levels of uncertainty with regards to appropriate responses to children's expressions of gender, sexual and cultural identity.

These findings indicate that diversity and human rights are not always supported in practice. In fact, avoiding concepts that are perceived to be controversial such as pleasurable aspects of sexuality and sexual identities other than heterosexual contradict these principles.

The Task Force strongly endorses the value of addressing all three learning domains- cognitive, affective and behavioural

The Health Promoting Schools approach (Commonwealth Department of Health and Family Services and Australian Health Promoting Schools Association, 2000) not only supports this statement but augments it with the attention paid to the development of health-enhancing school culture. The HPE Syllabus and modules suggest a wide variety of learning activities and assessment methods. Teachers, however, appear uncomfortable with less formal models of pedagogy and lack of clear boundaries for sensitive and controversial topics. This sentiment was clear from the results of the empirical component of this study.

Positioning Research

In the course of this project, several factors became apparent that contributed to successful sexuality education research. The following section provides some examples.

Approach

Research that involved schools, especially interviewing children, was preceded by a period of familiarisation with the project for school personnel and parents. This was exemplified by Halstead and Waite (2001) prior to their research with nine- and ten-year old students. Schools are a goldmine for potential research projects and, as such, are inundated with requests to participate in studies. Without developing a relationship with the school community they are likely to find research an intrusion, not an opportunity.

Another key factor that Halstead and Waite were careful to outline was their attention to ethical principles. They report lengthy consideration of the implications of working with children, namely consent, confidentiality, and a reporting process if abuse became suspected. Of course, research will not be approved without this consideration but it is helpful for future researchers when authors include these details.

A final example of approaches that led to successful research with children is the strategies used to privilege the perspective of children and young people. Children were allowed and encouraged to 'set the agenda', with one researcher even teaching her third grade subjects simple questionnaire design and interview techniques so they could drive the research (Reay, 2001). This helps to

overcome researcher bias, power differentials between adults and children and ensures topics that are important to children are included.

Methodology

There is an ever-increasing body of literature relating to research methods. This is simply a brief look at some of the notable innovations. The majority of the research identified in the current study was qualitative as this is an ideal means to gain insight and clarification of ideas, opinions and values specific to a situation or context (Krueger and Casey, 2000). To ensure validity and reliability, a range of strategies were used.

In order to reliably describe the context of their participants, several of them observed children in the classroom, playground or both, as well as during interviews or focus groups (Reay, 2001, Ashley, 2003). Ashley also used teacher interviews, student academic reports, and sociometric testing to determine reliability of his findings (Ashley, 2003). However these methods were extremely time and labour intensive. Ashley observed the students over two school terms and Reay spent one day a week at a school for an entire year. Through this, she compiled over eighty audiotaped interviews and two hundred pages of field notes (Reay, 2001).

Using these approaches and methods, these researchers were able to determine the importance of peers, rather than teachers, for gender identity of prepubescent boys (Ashley), the vast and significant difference in gendered expression of nine- and ten-year olds (Halstead), the gender conformity expected by students and teachers of seven year-olds (Reay) as well as the low value of femininity amongst both boys and girls (Reay). More research needs to be done, as usual, to ensure that these findings apply outside of the context of one classroom, school or town.

A merging of disciplines

Sexuality, more so than many topics, requires researchers to be familiar with a number of academic or professional disciplines. The research describe above has sociological, psychological, pedagogical and political aspects all intertwined. This is necessary when seeking ecological answers to complicated issues.

Positioning Practice

One major factor that would improve the development, implementation and evaluation of sexuality education programs in primary schools is increased exposure to relevant concepts and theories during university teacher training. University is the ideal forum to discuss and clarify values and beliefs as well as become familiar with policies that protect teachers when fulfilling their professional role. The findings of this study clearly indicated that teachers need and want a stronger background if they are to be responsible for teaching effective, comprehensive sexuality education.

Further qualitative and quantitative surveys of the values and needs of local children, parents and teachers are required. It would be timely to conduct another review of current health and physical education practices, as the latest *Syllabus* has been in place for five years now. Ideally, some of this research would involve collaboration between education and health, allowing these two major departments to resolve problems in more effective, efficient and equitable ways.

It is important to disseminate findings in ways that are accessible to a range of stakeholders. Sharing ideas is vital for innovation in this complex area. In order for open communication between sexuality education stakeholders to occur, it needs to be emphasised that criticism is meant to be constructive, not attacking personal values. It is possible that more positivity and sensitivity are required in reporting research to encourage more people to disclose their ideas and opinions- "hunches" that may be missing links in sexual health education theory.

In the meantime, schools, parents and sexual health educators need to work together in order to develop more appropriate programs for their local contexts. Without community engagement, the undercurrents of fear and suspicion will continue at the cost children's needs and rights for comprehensive sexuality education.

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